



Board of Mineral Mining Examiners
Fontaine Research Park
900 Natural Resources Drive
P.O. Box 3727
Charlottesville, VA 22903-0723
(804) 951-6310

Verification of Work Experience Form

Complete a **separate form for each employer** to certify the experience requirements have been met and have it signed by a company official knowledgeable of your work history. Type or print the information in ink and submit it to the Board of Mineral Mining Examiners.

1. Full Name: _____ S.S. #: _____

2. Address: _____

Street or P.O. Box

City

State

Zip Code

3. Employer/Company Name: _____ Mine Name: _____

VA Mine Permit Number: _____ Employer Phone #: () _____

Address: _____

Street or PO Box

City

State

Zip Code

4a. Job Title: _____ From : _____ To: _____

Month/Day/Year
(Complete all 3 blanks)

Month/Day/Year
(Complete all 3 blanks)

Detailed description of mining-related job duties which are applicable to certification requested:

4b. Job Title: _____ From : _____ To: _____

Month/Day/Year
(Complete all 3 blanks)

Month/Day/Year
(Complete all 3 blanks)

Detailed description of mining-related job duties which are applicable to certification requested:

4c. Job Title: _____ From : _____ To: _____

Month/Day/Year
(Complete all 3 blanks)

Month/Day/Year
(Complete all 3 blanks)

Detailed description of mining-related job duties which are applicable to certification requested:

5. I hereby certify that the information related to this applicant's experience as submitted on this form is correct.

Signature of Company Official

Print or Type Name

Title

Date